

MEDICAL BOARD STAFF REPORT

DATE REPORT ISSUED: April 19, 2016
 ATTENTION: Members, Medical Board of California
 SUBJECT: Overview of the Sunset Review Process
 STAFF CONTACT: Kimberly Kirchmeyer, Executive Director

REQUESTED ACTION:

This report is intended to provide the Members with an overview of the sunset review process for the Medical Board of California (Board). Included in this report is a section entitled New Issues. After review and consideration of the New Issues section, determine which items the Board Members want to direct staff to present as issues in the Board's Sunset Report.

Background on the Sunset Review Process:

Every board/bureau/committee under the auspices of the Department of Consumer Affairs (DCA), as well as other regulatory entities, goes through a sunset review process every four years (unless the legislature has requested a shorter time frame between reviews). The timing of a board's sunset review process is usually in coordination with the date set in statute for the repeal of the laws pertaining to that board, or its "sunset date." For example, Business and Professions Code section 2001, which authorizes the Board, is repealed as of January 1, 2018, unless a later enacted statute deletes or extends that date. The purpose of the sunset review process is to determine if the board/bureau/committee is performing its mission of consumer protection and to identify any areas where the Legislature believes improvements need to be made.

The sunset review process is overseen jointly by the Senate Business, Professions, and Economic Development Committee and the Assembly Business and Professions Committee. The process is usually initiated in the spring two years prior to the sunset date set in statute. The sunset review process begins by the Committees sending out a questionnaire to the Board requesting completion by the following November or December. This questionnaire requests information on a wide variety of issues, including, but not limited to Board Members, legislation, regulations, major studies, performance measures, customer satisfaction surveys, budget and staffing information, licensing and enforcement program information, public information policies, unlicensed activity, and workforce development and job creation. The questionnaire also discusses current issues, which could include the implementation of the Uniform Standards, the Consumer Protection Enforcement Initiative regulations, BreEZe, and any other issues the Committees would like the Board to address. The next section of the questionnaire covers issues that had been brought up under the Board's prior sunset review and what action the Board took to address the issues that were raised. Lastly, the questionnaire asks for any new issues that have been raised to or by the Board and any recommended solutions to these issues where the Committees may be of assistance. This is also the section where the Board would address any issues that had been raised in a prior sunset review process that had not been addressed.

As of the date of this report, the Board has not received the sunset review questionnaire. However, **Attachment A** provides a sample of the questionnaire that was used for the boards under sunset review in 2015-2016.

Upon receipt of the questionnaire, Board staff work to develop a report that addresses all the questions in the document. Staff will develop a task plan and identify the staff that will work on each section and the due dates for the responses. Staff completes a questionnaire for each allied health entity under the Board's jurisdiction too. Upon completion of the report, the Board Members would review and approve the report. Depending

upon the timing of the receipt of the questionnaire and the due date for the report, this review may be conducted at a quarterly Board meeting or may need to take place at a special in-person meeting of the Board.

Another factor that impacts the completion of the report is that most of the data and information requested needs to go through the end of fiscal year 2015-2016, which is June 30, 2016. Therefore, reports for that specific year cannot even begin until July 2016. Ideally, the narrative of the report should be based upon the data provided. Therefore, it is difficult to provide a draft report to the Members at the July 2016 Board meeting. However, Board staff will determine if some of the narrative can be provided at that meeting for review, discussion, and approval. The Board President may wish to assign a subcommittee of the Board to assist staff in the review prior to the October 2016 meeting to oversee the preparation of the report.

Once the Board approves the report, it is submitted to the Committees. Between December and February of the following year, the Committees' staff reviews the Board's report and develops a background paper. This background paper is a snapshot of the Board's report and also includes identified issues and recommendations regarding the Board, including comments on the issues raised by the Board itself. The joint Committees then set a Legislative Hearing, which is usually set in March. Prior to the March hearing, Committee staff will contact the Board to identify the issues upon which they are seeking Board testimony. Usually, the Board President and Executive Director attend the hearing, provide testimony, address the issues raised by the Committees, and respond to any questions from the Committee Members. At the hearing, comments are also heard by members of the public, associations, etc. In some situations, the Executive Director, Chief of Legislation, and Board President may attend meetings with Members of the Committees prior to the hearing to address any specific concerns and answer any questions.

After the hearing, the Board is usually provided 30 days to provide a written response to all the issues raised in the background report. This document does not have to be reviewed and approved by the Board, but should be reviewed and approved by the Board President and/or Vice President or a subcommittee of the Board if one is appointed. These responses are then provided to the Committees.

After the hearing, the Legislature may 1) extend the sunset date of the Board, which is usually extended for four years unless there are major concerns and then it may be only extended for one or two years; 2) let the Board and its statutes/regulations sunset; or 3) sunset the Board and move its regulatory functions under DCA as a bureau. Should the Legislature decide to extend the Board's sunset date, one of the Committees will author a bill that will then go through the legislative process. This bill will also contain any changes to the Board's laws that may have been brought up as issues by the Board, a Committee Member, or the background paper.

Prior Sunset Report Issues:

The Board's last Sunset Review Report was completed in 2012 and the hearing was held in 2013. The background paper that was provided to the Board contained 39 issues where the Board had to provide responses. It is important to note that 20 of the issues were issues identified by the Board in its Sunset Review Report. **Attachment B** provides a listing of the 39 issues for the Board during the last sunset review process. Almost all of the issues have been addressed and completed. With the exception of issue number 4, those that are pending are those that need additional discussion with the Committees to determine if they are still warranted or if further action is needed. Board staff will be working with Committee staff to determine how to proceed on these matters.

Possible New Sunset Issues:

As indicated above, part of the sunset review process is the Board bringing up new issues that have been raised to or by the Board and any recommended solutions to these issues where the Committees may be of assistance. Board staff has identified several issues that should be placed in this section of the report. In addition, a few issues have been raised at Board meetings by Board Members. The Board Members should review each of these issues to determine if Board staff should include the issues in the sunset review report. In addition, Board Members should determine if any additional issues should be brought forward in the report.

- **Expiration date of licenses:** Currently, a physician pays a full licensure fee at the time of application or when they have been notified that their application is complete and is ready for licensure. The Board's laws state that the expiration of a license is determined by the birth month of the physician. Depending upon when the applicant's licensure file is complete, the physician could be paying a full licensure fee for 13-23 months, instead of the full 24 months (or two years). Legislation has been proposed, but not passed, that would require proration of the Board's licensure fees. However, in order to prorate, the Board would have to change several business processes and the BreEZe system. In addition, proration will result in additional time for licensure based upon these business process changes. Therefore, staff is requesting that the expiration date be two years from the month of issuance instead of the birth month. The Board supported this legislative change previously, but the provision of the bill related to the Board was removed from the bill.
- **Postgraduate Training Requirements:** The Board has requested discussion on the issue of lengthening the years required for postgraduate training from one or two years (U.S./Canadian applicant or International Medical Graduate applicant) to two or three years. There has been extensive discussion by the Board and an interested parties meeting regarding this issue.
- **Data Collection for Outpatient Surgery Settings (OSS):** In 2015, the Board sought legislation that would require OSSs to provide certain data to the Board. Currently, any OSS that is licensed by the California Department of Public Health is required to report aggregate utilization and patient encounter data to the Office of Statewide Health, Planning and Development (OSHPD). However, most OSSs are required to be accredited instead of licensed, and therefore there is no requirement to report data to OSHPD. This has resulted in a serious deficiency of OSS data for accredited outpatient surgery settings. The requirements for reporting were originally placed into Senate Bill (SB) 396 (Hill, 2015), however, due to opposition and the need for further discussion, the requirements were removed. The Board agreed to work with interested parties to determine what specific information was actually needed for the Board and for trend analysis. The Board has an interested parties meeting scheduled for May 26, 2016 to discuss this issue.
- **Amendments to Adverse Event Reporting for OSSs:** SB 304 (Lieu, 2013) required OSSs to report certain adverse events to the Board. The events required to be reported are those included in Health and Safety Code section 1279.1, which are the same requirements for a hospital to report. OSSs are different than hospitals and the reporting requirements should be tailored to an OSS and not a hospital.
- **Posting of Information Related to a Probationary License:** Currently when a physician is on probation, all related discipline documents are available on the Board's website for as long as those documents are public. However, if the Board issues a probationary license to an applicant (Business and Professions Code section 2221), it is not specified in law how long that information should be made available to the public. This information should follow the law related to physicians placed on probation, and the documents related to probationary licenses should be posted on the Board's website as long as they are public.

- **Reporting Penalties for 805.01:** SB 700 (Negrete McLeod, 2010) required entities to report peer review findings to the Board after a final decision recommendation but prior to the action being taken (which would require reporting pursuant to Business and Professions Code section 805). The required reporting is only to be reported if certain findings are made – incompetence or gross or repeated deviation from the standard of care involving death or serious bodily injury, self-prescribing controlled substances, the use of any dangerous drug or alcohol to the extent or in such a manner as to be dangerous to the licensee or another person, repeated acts of clearly excessive prescribing, and sexual misconduct with a patient during the course of treatment or examination. This “805.01 report” would be received prior to the filing of an “805 report.” The statistics over the past several years, since the bill was implemented indicates that entities are not providing these reports. In fiscal year (FY) 11/12 to FY 14/15 the number of 805.01 reports received by the Board was 16, 9, 2, and 4, respectively. During that same timeframe, the Board received on average 104 805 reports each year. The Board believes entities are not submitting 805.01 reports as required. One issue that could be a factor in not reporting is that there is no penalty for failing to report pursuant to section 805.01. However, if an entity fails to file an 805 report, they can receive a fine of up to \$50,000 per violation for failing to submit the report to the Board or \$100,000 per violation if it is determined that the failure to report was willful.
- **Enforcement Program Clean Up:** There are a few legislative changes that would improve the enforcement process including, strengthening Business and Professions Code section 2334 regarding the exchange of expert witness information, which was in the prior sunset review report; strengthening the subpoena enforcement process; and amending Government Code section 11529(f) to add in petitions to revoke probation.
- **Licensing Program Clean Up:** Business and Professions Code section 2420 governs provisions for license renewal of several license types under the jurisdiction of the Board. However, with the movement of the Registered Dispensing Optician Program and other allied health professions that used to be under the jurisdiction of the Board, amendments need to be made for consistency.
- **Health Professions Education Foundation (HPEF) Membership:** Until January 1, 2016, the Board was required to appoint two standing Board Members to the HPEF. The HPEF improves access to healthcare in underserved areas of California by providing scholarships, loan repayments, and programs to health professional students and graduates who are dedicated to providing direct patient care in those areas. In return for this support, individuals agree to provide direct patient care in an underserved area of California for one to three years. On January 1, 2016, the Board’s participation on HPEF was sunset. As the HPEF oversees the awarding of loan repayments from the Stephen M. Thompson Loan Repayment Program, the Board should remain involved and should have members on the HPEF.
- **Specialty Board Approval:** Business and Professions Code section 651(h) prohibits physicians from advertising they are “board certified” or “board eligible” unless they are certified by any of the following: 1) An ABMS approved specialty board; 2) A board that has specialty training that is approved by the Accreditation Council for Graduate Medical Education (ACGME); or 3) A board that has met requirements equivalent to ABMS and has been approved by the Board. The law asks the Board to essentially perform most of the same tasks as the ABMS, the ACGME, and the specialty boards and their residency review committees – with a fraction of their resources. For an ABMS specialty board to become recognized, it takes years, developing model training standards for the specialty, establishing residency training programs at medical schools and medical facilities, operating training programs and obtaining accreditation, undergoing regular oversight by residency review committees, etc. All of the individuals within this system are experts in medical training and the specialty. In addition, since the program's inception, the Board has only denied two specialty boards. The first specialty board filed four suits against the Board, including one in Federal Court. The second

specialty board applied for approval twice, was denied both times, and filed suit on the second denial. The Board and the law have prevailed in all litigation, but the cost was considerable. This statute should be amended to strike the option of seeking recognition as a specialty board by the Board, while continuing to recognize the four specialty boards already approved by the Board.

[BOARD NAME] BACKGROUND INFORMATION AND OVERVIEW OF THE CURRENT REGULATORY PROGRAM As of [date]

Section 1 – Background and Description of the Board and Regulated Profession

Provide a short explanation of the history and function of the board.¹ Describe the occupations/profession that are licensed and/or regulated by the board (Practice Acts vs. Title Acts).

1. Describe the make-up and functions of each of the board's committees (cf., Section 12, Attachment B).

Table 1a. Attendance

[Enter board member name]			
Date Appointed:	[Enter date appointed]		
Meeting Type	Meeting Date	Meeting Location	Attended?
Meeting 1	[Enter Date]	[Enter Location]	[Y/N]
Meeting 2	[Enter Date]	[Enter Location]	[Y/N]
Meeting 3	[Enter Date]	[Enter Location]	[Y/N]
Meeting 4	[Enter Date]	[Enter Location]	[Y/N]

Table 1b. Board/Committee Member Roster

Member Name (Include Vacancies)	Date First Appointed	Date Re- appointed	Date Term Expires	Appointing Authority	Type (public or professional)

2. In the past four years, was the board unable to hold any meetings due to lack of quorum? If so, please describe. Why? When? How did it impact operations?
3. Describe any major changes to the board since the last Sunset Review, including:
 - Internal changes (i.e., reorganization, relocation, change in leadership, strategic planning)

¹ The term "board" in this document refers to a board, bureau, commission, committee, department, division, program, or agency, as applicable. Please change the term "board" throughout this document to appropriately refer to the entity being reviewed.

- All legislation sponsored by the board and affecting the board since the last sunset review.
 - All regulation changes approved by the board the last sunset review. Include the status of each regulatory change approved by the board.
4. Describe any major studies conducted by the board (cf. Section 12, Attachment C).
 5. List the status of all national associations to which the board belongs.
 - Does the board's membership include voting privileges?
 - List committees, workshops, working groups, task forces, etc., on which board participates.
 - How many meetings did board representative(s) attend? When and where?
 - If the board is using a national exam, how is the board involved in its development, scoring, analysis, and administration?

Section 2 – Performance Measures and Customer Satisfaction Surveys

6. Provide each quarterly and annual performance measure report for the board as published on the DCA website
7. Provide results for each question in the board's customer satisfaction survey broken down by fiscal year. Discuss the results of the customer satisfaction surveys.

Section 3 – Fiscal and Staff

Fiscal Issues

8. Describe the board's current reserve level, spending, and if a statutory reserve level exists.
9. Describe if/when a deficit is projected to occur and if/when fee increase or reduction is anticipated. Describe the fee changes (increases or decreases) anticipated by the board.

Table 2. Fund Condition						
(Dollars in Thousands)	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16	FY 2016/17
Beginning Balance						
Revenues and Transfers						
Total Revenue	\$	\$	\$	\$	\$	\$
Budget Authority						
Expenditures						
Loans to General Fund						
Accrued Interest, Loans to General Fund						
Loans Repaid From General Fund						
Fund Balance	\$	\$	\$	\$	\$	\$

Months in Reserve						
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10. Describe the history of general fund loans. When were the loans made? When have payments been made to the board? Has interest been paid? What is the remaining balance?
11. Describe the amounts and percentages of expenditures by program component. Use *Table 3. Expenditures by Program Component* to provide a breakdown of the expenditures by the board in each program area. Expenditures by each component (except for pro rata) should be broken out by personnel expenditures and other expenditures.

Table 3. Expenditures by Program Component								(list dollars in thousands)
	FY 2011/12		FY 2012/13		FY 2013/14		FY 2014/15	
	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E	Personnel Services	OE&E
Enforcement								
Examination								
Licensing								
Administration *								
DCA Pro Rata								
Diversion (if applicable)								
TOTALS	\$	\$	\$	\$	\$	\$	\$	\$
*Administration includes costs for executive staff, board, administrative support, and fiscal services.								

12. Describe license renewal cycles and history of fee changes in the last 10 years. Give the fee authority (Business and Professions Code and California Code of Regulations citation) for each fee charged by the board.

Table 4. Fee Schedule and Revenue							
(list revenue dollars in thousands)							
Fee	Current Fee Amount	Statutory Limit	FY 2011/12 Revenue	FY 2012/13 Revenue	FY 2013/14 Revenue	FY 2014/15 Revenue	% of Total Revenue

13. Describe Budget Change Proposals (BCPs) submitted by the board in the past four fiscal years.

Table 5. Budget Change Proposals (BCPs)								
BCP ID #	Fiscal Year	Description of Purpose of BCP	Personnel Services				OE&E	
			# Staff Requested (include classification)	# Staff Approved (include classification)	\$ Requested	\$ Approved	\$ Requested	\$ Approved

Staffing Issues

14. Describe any board staffing issues/challenges, i.e., vacancy rates, efforts to reclassify positions, staff turnover, recruitment and retention efforts, succession planning.
15. Describe the board's staff development efforts and how much is spent annually on staff development (cf., Section 12, Attachment D).

Section 4 – Licensing Program

16. What are the board's performance targets/expectations for its licensing² program? Is the board meeting those expectations? If not, what is the board doing to improve performance?
17. Describe any increase or decrease in the board's average time to process applications, administer exams and/or issue licenses. Have pending applications grown at a rate that exceeds completed applications? If so, what has been done by the board to address them? What are the performance barriers and what improvement plans are in place? What has the board done and what is the board going to do to address any performance issues, i.e., process efficiencies, regulations, BCP, legislation?
18. How many licenses or registrations does the board issue each year? How many renewals does the board issue each year?

Table 6. Licensee Population					
		FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
[Enter License Type]	Active				
	Out-of-State				
	Out-of-Country				
	Delinquent				
[Enter License Type]	Active				
	Out-of-State				
	Out-of-Country				
	Delinquent				
[Enter License Type]	Active				
	Out-of-State				
	Out-of-Country				
	Delinquent				
[Enter License Type]	Active				
	Out-of-State				
	Out-of-Country				
	Delinquent				

² The term "license" in this document includes a license certificate or registration.

Table 7a. Licensing Data by Type

Application Type	Received	Approved	Closed	Issued	Pending Applications			Cycle Times		
					Total (Close of FY)	Outside Board control*	Within Board control*	Complete Apps	Incomplete Apps	combined, IF unable to separate out
FY 2011/12	(Exam)				-	-	-	-	-	-
	(License)				-	-	-	-	-	-
	(Renewal)		n/a		-	-	-	-	-	-
FY 2012/13	(Exam)									
	(License)									
	(Renewal)		n/a							
FY 2013/14	(Exam)									
	(License)									
	(Renewal)		n/a							

* Optional. List if tracked by the board.

Table 7b. Total Licensing Data

	FY 2012/13	FY 2013/14	FY 2014/15
Initial Licensing Data:			
Initial License/Initial Exam Applications Received			
Initial License/Initial Exam Applications Approved			
Initial License/Initial Exam Applications Closed			
License Issued			
Initial License/Initial Exam Pending Application Data:			
Pending Applications (total at close of FY)			
Pending Applications (outside of board control)*			
Pending Applications (within the board control)*			
Initial License/Initial Exam Cycle Time Data (WEIGHTED AVERAGE):			
Average Days to Application Approval (All - Complete/Incomplete)			
Average Days to Application Approval (incomplete applications)*			
Average Days to Application Approval (complete applications)*			
License Renewal Data:			
License Renewed			

* Optional. List if tracked by the board.

19. How does the board verify information provided by the applicant?

- What process does the board use to check prior criminal history information, prior disciplinary actions, or other unlawful acts of the applicant?
- Does the board fingerprint all applicants?
- Have all current licensees been fingerprinted? If not, explain.

- d. Is there a national databank relating to disciplinary actions? Does the board check the national databank prior to issuing a license? Renewing a license?
 - e. Does the board require primary source documentation?
20. Describe the board's legal requirement and process for out-of-state and out-of-country applicants to obtain licensure.
21. Describe the board's process, if any, for considering military education, training, and experience for purposes of licensing or credentialing requirements, including college credit equivalency.
- a. Does the board identify or track applicants who are veterans? If not, when does the board expect to be compliant with BPC § 114.5?
 - b. How many applicants offered military education, training or experience towards meeting licensing or credentialing requirements, and how many applicants had such education, training or experience accepted by the board?
 - c. What regulatory changes has the board made to bring it into conformance with BPC § 35?
 - d. How many licensees has the board waived fees or requirements for pursuant to BPC § 114.3, and what has the impact been on board revenues?
 - e. How many applications has the board expedited pursuant to BPC § 115.5?
22. Does the board send No Longer Interested notifications to DOJ on a regular and ongoing basis? Is this done electronically? Is there a backlog? If so, describe the extent and efforts to address the backlog.

Examinations

Table 8. Examination Data				
California Examination (include multiple language) if any:				
License Type				
Exam Title				
FY 2011/12	# of 1 st Time Candidates			
	Pass %			
FY 2012/13	# of 1 st Time Candidates			
	Pass %			
FY 2013/14	# of 1 st Time Candidates			
	Pass %			
FY 2014/15	# of 1 st time Candidates			
	Pass %			
Date of Last OA				
Name of OA Developer				
Target OA Date				
National Examination (include multiple language) if any:				
License Type				
Exam Title				
FY 2011/12	# of 1 st Time Candidates			
	Pass %			

FY 2012/13	# of 1 st Time Candidates			
	Pass %			
FY 2013/14	# of 1 st Time Candidates			
	Pass %			
FY 2014/15	# of 1 st time Candidates			
	Pass %			
Date of Last OA				
Name of OA Developer				
Target OA Date				

23. Describe the examinations required for licensure. Is a national examination used? Is a California specific examination required?
24. What are pass rates for first time vs. retakes in the past 4 fiscal years? (*Refer to Table 8: Examination Data*)
25. Is the board using computer based testing? If so, for which tests? Describe how it works. Where is it available? How often are tests administered?
26. Are there existing statutes that hinder the efficient and effective processing of applications and/or examinations? If so, please describe.

School approvals

27. Describe legal requirements regarding school approval. Who approves your schools? What role does BPPE have in approving schools? How does the board work with BPPE in the school approval process?
28. How many schools are approved by the board? How often are approved schools reviewed? Can the board remove its approval of a school?
29. What are the board's legal requirements regarding approval of international schools?

Continuing Education/Competency Requirements

30. Describe the board's continuing education/competency requirements, if any. Describe any changes made by the board since the last review.
- How does the board verify CE or other competency requirements?
 - Does the board conduct CE audits of licensees? Describe the board's policy on CE audits.
 - What are consequences for failing a CE audit?
 - How many CE audits were conducted in the past four fiscal years? How many fails? What is the percentage of CE failure?
 - What is the board's course approval policy?
 - Who approves CE providers? Who approves CE courses? If the board approves them, what is the board application review process?
 - How many applications for CE providers and CE courses were received? How many were approved?

- h. Does the board audit CE providers? If so, describe the board's policy and process.
- i. Describe the board's effort, if any, to review its CE policy for purpose of moving toward performance based assessments of the licensee's continuing competence.

Section 5 – Enforcement Program

- 31. What are the board's performance targets/expectations for its enforcement program? Is the board meeting those expectations? If not, what is the board doing to improve performance?
- 32. Explain trends in enforcement data and the board's efforts to address any increase in volume, timeframes, ratio of closure to pending cases, or other challenges. What are the performance barriers? What improvement plans are in place? What has the board done and what is the board going to do to address these issues, i.e., process efficiencies, regulations, BCP, legislation?

Table 9a. Enforcement Statistics			
	FY 2012/13	FY 2013/14	FY 2014/15
COMPLAINT			
Intake (Use CAS Report EM 10)			
Received			
Closed			
Referred to INV			
Average Time to Close			
Pending (close of FY)			
Source of Complaint (Use CAS Report 091)			
Public			
Licensee/Professional Groups			
Governmental Agencies			
Other			
Conviction / Arrest (Use CAS Report EM 10)			
CONV Received			
CONV Closed			
Average Time to Close			
CONV Pending (close of FY)			
LICENSE DENIAL (Use CAS Reports EM 10 and 095)			
License Applications Denied			
SOIs Filed			
SOIs Withdrawn			
SOIs Dismissed			
SOIs Declined			
Average Days SOI			
ACCUSATION (Use CAS Report EM 10)			
Accusations Filed			
Accusations Withdrawn			
Accusations Dismissed			
Accusations Declined			
Average Days Accusations			
Pending (close of FY)			

Table 9b. Enforcement Statistics (continued)			
	FY 2012/13	FY 2013/14	FY 2014/15
DISCIPLINE			
Disciplinary Actions (Use CAS Report EM 10)			
Proposed/Default Decisions			
Stipulations			
Average Days to Complete			
AG Cases Initiated			
AG Cases Pending (close of FY)			
Disciplinary Outcomes (Use CAS Report 096)			
Revocation			
Voluntary Surrender			
Suspension			
Probation with Suspension			
Probation			
Probationary License Issued			
Other			
PROBATION			
New Probationers			
Probations Successfully Completed			
Probationers (close of FY)			
Petitions to Revoke Probation			
Probations Revoked			
Probations Modified			
Probations Extended			
Probationers Subject to Drug Testing			
Drug Tests Ordered			
Positive Drug Tests			
Petition for Reinstatement Granted			
DIVERSION			
New Participants			
Successful Completions			
Participants (close of FY)			
Terminations			
Terminations for Public Threat			
Drug Tests Ordered			
Positive Drug Tests			

Table 9c. Enforcement Statistics (continued)			
	FY 2012/13	FY 2013/14	FY 2014/15
INVESTIGATION			
All Investigations (Use CAS Report EM 10)			
First Assigned			
Closed			
Average days to close			
Pending (close of FY)			
Desk Investigations (Use CAS Report EM 10)			
Closed			
Average days to close			
Pending (close of FY)			
Non-Sworn Investigation (Use CAS Report EM 10)			
Closed			
Average days to close			
Pending (close of FY)			
Sworn Investigation			
Closed (Use CAS Report EM 10)			
Average days to close			
Pending (close of FY)			
COMPLIANCE ACTION (Use CAS Report 096)			
ISO & TRO Issued			
PC 23 Orders Requested			
Other Suspension Orders			
Public Letter of Reprimand			
Cease & Desist/Warning			
Referred for Diversion			
Compel Examination			
CITATION AND FINE (Use CAS Report EM 10 and 095)			
Citations Issued			
Average Days to Complete			
Amount of Fines Assessed			
Reduced, Withdrawn, Dismissed			
Amount Collected			
CRIMINAL ACTION			
Referred for Criminal Prosecution			

Table 10. Enforcement Aging						
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	Cases Closed	Average %
Attorney General Cases (Average %)						
Closed Within:						
1 Year						
2 Years						
3 Years						
4 Years						
Over 4 Years						
Total Cases Closed						
Investigations (Average %)						
Closed Within:						
90 Days						
180 Days						
1 Year						
2 Years						
3 Years						
Over 3 Years						
Total Cases Closed						

33. What do overall statistics show as to increases or decreases in disciplinary action since last review.
34. How are cases prioritized? What is the board's compliant prioritization policy? Is it different from DCA's *Complaint Prioritization Guidelines for Health Care Agencies* (August 31, 2009)? If so, explain why.
35. Are there mandatory reporting requirements? For example, requiring local officials or organizations, or other professionals to report violations, or for civil courts to report to the board actions taken against a licensee. Are there problems with the board receiving the required reports? If so, what could be done to correct the problems?
36. Does the board operate with a statute of limitations? If so, please describe and provide citation. If so, how many cases have been lost due to statute of limitations? If not, what is the board's policy on statute of limitations?
37. Describe the board's efforts to address unlicensed activity and the underground economy.

Cite and Fine

38. Discuss the extent to which the board has used its cite and fine authority. Discuss any changes from last review and describe the last time regulations were updated and any changes that were made. Has the board increased its maximum fines to the \$5,000 statutory limit?
39. How is cite and fine used? What types of violations are the basis for citation and fine?
40. How many informal office conferences, Disciplinary Review Committees reviews and/or Administrative Procedure Act appeals of a citation or fine in the last 4 fiscal years?
41. What are the 5 most common violations for which citations are issued?
42. What is average fine pre- and post- appeal?
43. Describe the board's use of Franchise Tax Board intercepts to collect outstanding fines.

Cost Recovery and Restitution

44. Describe the board's efforts to obtain cost recovery. Discuss any changes from the last review.
45. How many and how much is ordered by the board for revocations, surrenders and probationers? How much do you believe is uncollectable? Explain.
46. Are there cases for which the board does not seek cost recovery? Why?
47. Describe the board's use of Franchise Tax Board intercepts to collect cost recovery.
48. Describe the board's efforts to obtain restitution for individual consumers, any formal or informal board restitution policy, and the types of restitution that the board attempts to collect, i.e., monetary, services, etc. Describe the situation in which the board may seek restitution from the licensee to a harmed consumer.

Table 11. Cost Recovery (list dollars in thousands)				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Total Enforcement Expenditures				
Potential Cases for Recovery *				
Cases Recovery Ordered				
Amount of Cost Recovery Ordered				
Amount Collected				
* "Potential Cases for Recovery" are those cases in which disciplinary action has been taken based on violation of the license practice act.				

Table 12. Restitution (list dollars in thousands)				
	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Amount Ordered				
Amount Collected				

Section 6 – Public Information Policies

49. How does the board use the internet to keep the public informed of board activities? Does the board post board meeting materials online? When are they posted? How long do they remain on the board's website? When are draft meeting minutes posted online? When does the board post final meeting minutes? How long do meeting minutes remain available online?
50. Does the board webcast its meetings? What is the board's plan to webcast future board and committee meetings? How long to webcast meetings remain available online?
51. Does the board establish an annual meeting calendar, and post it on the board's web site?
52. Is the board's complaint disclosure policy consistent with DCA's *Recommended Minimum Standards for Consumer Complaint Disclosure*? Does the board post accusations and disciplinary actions consistent with DCA's *Web Site Posting of Accusations and Disciplinary Actions* (May 21, 2010)?

53. What information does the board provide to the public regarding its licensees (i.e., education completed, awards, certificates, certification, specialty areas, disciplinary action, etc.)?

54. What methods are used by the board to provide consumer outreach and education?

Section 7 – Online Practice Issues

55. Discuss the prevalence of online practice and whether there are issues with unlicensed activity. How does the board regulate online practice? Does the board have any plans to regulate internet business practices or believe there is a need to do so?

Section 8 – Workforce Development and Job Creation

56. What actions has the board taken in terms of workforce development?

57. Describe any assessment the board has conducted on the impact of licensing delays.

58. Describe the board's efforts to work with schools to inform potential licensees of the licensing requirements and licensing process.

59. Provide any workforce development data collected by the board, such as:

- a. Workforce shortages
- b. Successful training programs.

Section 9 – Current Issues

60. What is the status of the board's implementation of the Uniform Standards for Substance Abusing Licensees?

61. What is the status of the board's implementation of the Consumer Protection Enforcement Initiative (CPEI) regulations?

62. Describe how the board is participating in development of BreEZe and any other secondary IT issues affecting the board.

Section 10 – Board Action and Response to Prior Sunset Issues

Include the following:

1. Background information concerning the issue as it pertains to the board.
2. Short discussion of recommendations made by the Committees/Joint Committee during prior sunset review.

3. What action the board took in response to the recommendation or findings made under prior sunset review.
4. Any recommendations the board has for dealing with the issue, if appropriate.

Section 11 – New Issues

This is the opportunity for the board to inform the Committees of solutions to issues identified by the board and by the Committees. Provide a short discussion of each of the outstanding issues, and the board's recommendation for action that could be taken by the board, by DCA or by the Legislature to resolve these issues (i.e., policy direction, budget changes, legislative changes) for each of the following:

1. Issues that were raised under prior Sunset Review that have not been addressed.
2. New issues that are identified by the board in this report.
3. New issues not previously discussed in this report.
4. New issues raised by the Committees.

Section 12 – Attachments

Please provide the following attachments:

- A. Board's administrative manual.
- B. Current organizational chart showing relationship of committees to the board and membership of each committee (cf., Section 1, Question 1).
- C. Major studies, if any (cf., Section 1, Question 4).
- D. Year-end organization charts for last four fiscal years. Each chart should include number of staff by classifications assigned to each major program area (licensing, enforcement, administration, etc.) (cf., Section 3, Question 15).

Section 13 – Board Specific Issues

THIS SECTION ONLY APPLIES TO SPECIFIC BOARDS, AS INDICATED BELOW.

Diversion

Discuss the board's diversion program, the extent to which it is used, the outcomes of those who participate, the overall costs of the program compared with its successes

Diversion Evaluation Committees (DEC) (for BRN, Dental, Osteo and VET only)

1. DCA contracts with a vendor to perform probation monitoring services for licensees with substance abuse problems, why does the board use DEC? What is the value of a DEC?
2. What is the membership/makeup composition?
3. Did the board have any difficulties with scheduling DEC meetings? If so, describe why and how the difficulties were addressed.
4. Does the DEC comply with the Open Meetings Act?
5. How many meetings held in each of the last three fiscal years?
6. Who appoints the members?
7. How many cases (average) at each meeting?
8. How many pending? Are there backlogs?
9. What is the cost per meeting? Annual cost?
10. How is DEC used? What types of cases are seen by the DEC?
11. How many DEC recommendations have been rejected by the board in the past four fiscal years (broken down by year)?

Disciplinary Review Committees (Board of Barbering and Cosmetology and BSIS only)

1. What is a DRC and how is a DRC used? What types of cases are seen by the DRCs?
2. What is the membership/makeup composition?
3. Does the DRC comply with the Open Meetings Act?
4. How many meeting held in last three fiscal years?
5. Did the board have any difficulties with scheduling DRC meetings? If so, describe why and how the difficulties were addressed.
6. Who appoints the members?
7. How many cases (average) at each meeting?
8. How many pending? Are there backlogs?
9. What is the cost per meeting? Annual cost?
10. Provide statistics on DRC actions/outcomes.

Board Recommendation (B)=20 Committee Recommendation (C)=19**ATTACHMENT B**

Issue No.	Topic	Bd/Comm.	Issue	Recommendation	Action Needed/Completed
1	Licensing	C	How many physicians and surgeons have been exempted from licensure under AB 2699?	The MBC should inform the Committee how many physicians and surgeons have been exempted from licensure pursuant to the regulations adopted to implement AB 2699.	The Board provided the data in the Sunset Response dated April 8, 2013.
2	Licensing	B	Is a statutory change needed to accommodate changes to the United States Medical Licensing Examination?	The MBC should submit to the Committee specific language to amend BPC § 2177 to accommodate two parts to Step 3 of the USMLE, and to accommodate future examination changes.	Enacted SB 304, (2013) Lieu. Healing arts: boards.
3	Licensing	B	Should changes be made to allow Medical School Programs to utilize Accelerated 3-Year and Competency-Based Medical School Programs?	The MBC should commence, in cooperation with the appropriate stakeholders, a review of the applicable provisions of California law to determine if increased flexibility is needed in order to authorize LCME-accredited accelerated medical degree curriculum to meet the requirements for licensure in California. If it is determined that a legislative change is required, the MBC should submit to the Committee the appropriate amendment language.	AB 1838 Bonilla (2014) authorizes a 3-yr med school program
4	Licensing	B	There should be consistency in the amount of time a physician and surgeon may be out of practice without receiving additional clinical training before renewing their license and/or allowing them to continue practice.	The MBC should study the issue of whether allowing a physician to return to practice after a lapse in licensure or of practice of more than 18 months without completing additional training provides adequate public protection. The MBC should make recommendations to the Committee on its findings.	The Board has held an interested party meeting on this issue, but more discussion and research needs to be completed prior to proposing any legislative change.
5	Licensing	B	Should there be a mandatory requirement for licensees to submit their Email address to the MBC, if they possess one?	The MBC should address the concerns of Committee staff stated above, and submit to the Committee appropriate amendment language regarding licensees providing email addresses to the Board, if they possess one. The language should additionally require the MBC to keep a provided email address confidential.	Enacted SB 304, (2013) Lieu. Healing arts: boards.
6	Posting Information	B	Should the MBC continue to provide to the public information regarding a physician and surgeon's postgraduate training?	The MBC should further discuss this proposal with stakeholders, including those stakeholders representing consumer interests and advise the Committee of the results of those discussions, and if appropriate the MBC should submit to the Committee amendment language to eliminate the requirement for the MBC to post a physician's approved postgraduate training.	At the July 1, 2014 Board meeting, after discussion, the Board approved staff's recommendation to not pursue elimination of the requirement for the Board to disclose postgraduate training on the physician's website profile as this was now possible in the current BreEZe system.
7	Licensing	B	Clarify that the employment of physicians and surgeons in Accredited Residency Training Programs and/or Fellowship Programs does not violate the prohibition against the Corporate Practice of Medicine.	Committee staff agrees that the corporate practice of medicine issue regarding accredited residency programs and their residents should be clarified. The MBC should submit to the Committee specific language to clarify that participation in an accredited physician residency training program is not a violation of the prohibition against the corporate practice of medicine.	Enacted SB 304, (2013) Lieu. Healing arts: boards.

Issue No.	Topic	Bd/ Comm.	Issue	Recommendation	Action Needed/Completed
8	Licensing	B	Should the requirement for the MBC to approve non-American Board of Medical Specialties be eliminated?	The MBC should submit a specific legislative proposal to the Committee to delete the provision requiring the MBC to approve non-ABMS specialty boards, and to prevent the use of other misleading terms. Consideration should be given to amending BPC § 651(h) to delete the MBC's authority to approve non-ABMS specialty boards, and to prevent the use of other misleading terms in physician and surgeon advertising, as recommended by the MBC.	This amendment was in the April 13, 2013 version of SB 304, however, due to opposition, it was removed from the bill on August 12, 2013.
9	Enforcement	C	Enforcement program shortfalls.	The VE program should be continued, and additional improvements should be identified which would further enhance the collaborative efforts of the MBC investigators and HQE prosecutors.	Enacted SB 304, (2013) Lieu. Healing arts: boards.
10	Enforcement	C	Should the Medical Board investigate complaints that relate to utilization review decisions in the workers' compensation system regarding physicians and surgeons who may have violated the standard of care?	The MBC should have jurisdiction over medical decisions made by California-licensed physicians and surgeons who conduct utilization reviews. The MBC should also report to the Committee on its plan to direct enforcement staff to implement enforcement oversight over these decisions. The MBC should also make the worker' compensation system aware of this requirement.	The Medical Board had this item on several agendas and indicated that utilization review was the practice of medicine. In addition, when the complaints pertain to quality of care, those complaints are processed and action is taken, if warranted. In addition, the Board has made presentations at Board meetings and placed an article in the Newsletter regarding this issue.
11	Public Information	C	To what extent have the recommendations made by the California Research Bureau regarding public disclosure been implemented?	The MBC should inform the Committee to what extent the 11 policy options recommendations made by the California Research Bureau have been implemented? In its response, the MBC should identify and recommend to the Committee whether additional MBC policies or regulations should be changed and whether additional legislation should be enacted to implement the recommendations made by the CRB.	The Board provided a response on the implementation of the 11 policy options in the Sunset Response dated April 8, 2013.

Issue No.	Topic	Bd/ Comm.	Issue	Recommendation	Action Needed/Completed
12	Licensing/ Enforcement	C	Has MBC fully implemented all the provisions of SB 100? Are there functions that the MBC should continue to improve as it implements SB 100?	The MBC should update the Committee on its efforts to implement SB 100, including: (1) The findings and recommendations of the Advisory Committee and whether the Board has adopted regulations relating to physician availability at clinics or settings that use laser or intense pulse light devices; (2) How many outpatient settings that offer in vitro fertilization are currently accredited, and whether any new standards were adopted for outpatient settings that offer in vitro fertilization; (3) Whether the Board has adopted regulations for clinics that are outside the definition of outpatient settings; (4) Whether the Board has established an arrangement or a memorandum of understanding with DPH to obtain information on outpatient settings with adverse reports. The MBC should further do the following, and report back to the Committee: (1) Inform licensees and the public that settings that offer in vitro fertilization must be accredited. (2) Inform of any regulations for clinics that are outside the definition of outpatient settings that are adopted by the Board. (3) Notify all outpatient settings of the reporting requirement under Health and Safety Code § 1279.1 and inform accrediting agencies of its obligation to report adverse events that are found during inspections to the DPH. (4) Update the database lookup so that consumers may more easily find useful information on outpatient settings.	The Board provided a response on the implementation of SB 100 and other questions in the Sunset Response dated April 8, 2013. In addition, a legislative change was made to require the adverse event reports to be reported to the Board, not CDPH. Lastly, the Board has made significant improvements to the Outpatient Setting Program. However, Board staff is looking for ways to improve this Program even further.
13	Enforcement	C	Implementation of peer review requirements pursuant to SB 700.	The MBC should report to the Committee regarding the implementation of SB 700, and the extent to which it is receiving the reports required under SB 700.	The Board provided a response on the implementation of SB 700 in the Sunset Response dated April 8, 2013.
14	Data collection	C	Should the MBC engage stakeholders to identify areas in which alternative approaches may be used to analyze current data collected on healthcare facilities and practices in order to improve or enhance the practice of health care providers?	Recommend that the MBC take steps toward creating a Task Force to discuss how aggregate data can be utilized for each task force member's respective purposes. The group would be requested to examine the aggregate data already required to be reported to federal government in order to identify trend lines across the state. Ultimately, these findings could be used to identify standards for best practices.	The Board explained in its Sunset Response that the Board may not be the appropriate entity to create this task force. No action has been taken on this item. Board staff will reach out to Committee staff.
15	Enforcement	C	Has the MBC adopted all of the Uniform Standards developed by the Department of Consumer Affairs Substance Abuse Coordination Committee? If not, why not?	The MBC should fully implement the Uniform Standards Regarding Substance-Abusing Healing Arts Licensees as required by SB1441. The MBC should report back to the Committee by July 1, 2013 of its progress in implementing the Uniform Standards.	The Board adopted the Uniform Standards regulations and they were approved by the Office of Administrative Law and became effective July 1, 2015.

Issue No.	Topic	Bd/Comm.	Issue	Recommendation	Action Needed/Completed
16	Enforcement	C	Stipulated settlements below the Disciplinary Guidelines.	The MBC should discuss with the Committee its policies regarding stipulated settlements and the reasons why it would settle a disciplinary case for terms less than those stated in the Board's Disciplinary Guidelines. What is the consumer protection rationale for settling administrative cases for terms that are below those in the Disciplinary Guidelines? Are these recommendations of the Attorney General's Office or decisions made by the MBC staff independent of the AG?	The Board provided a response on this issue in the Sunset Response dated April 8, 2013. No further action is necessary.
17	Enforcement	C	Why has the MBC not filled staffing positions provided under CPEI in FY 2010-11?	The MBC should update the Committee on the current status of its efforts to fill the CPEI positions. The MBC should further advise the Committee of the appropriate level of staffing necessary to implement the goals of CPEI.	The Board provided a response on the CPEI positions in the Sunset Response dated April 8, 2013. On July 1, 2014 the Board initiated a non-sworn Complaint Investigation Unit to investigate some of the less complex cases for the Board.
18	Enforcement	C	Reporting of Patient Deaths to the MBC.	The MBC should inform the Committee how many deaths were reported pursuant to Section 2240. Additionally, the MBC should take steps to inform, not only licensees but also accrediting agencies that accredit outpatient settings about the reporting requirement in Section 2240. MBC should also coordinate with accrediting agencies how this requirement can be incorporated in the accrediting agencies' inspection reports of outpatient settings.	The Board provided a response on this issue in the Sunset Response dated April 8, 2013.
19	Enforcement	C	There has been a steady decline in the use of the MBC's Interim Suspension Authority.	The MBC should inform the Committee of the reasons why it believes that the number of ISO and TROs has fallen off in recent years. The MBC should further advise the Committee on whether Government Code § 11529 should be amended to provide for changes to the ISO or TRO process, so that it may enhance its use by the MBC to quickly remove dangerous physicians from practice.	The Board provided a response on this issue in the Sunset Response dated April 8, 2013. In addition, Enacted SB 304, (2013) Lieu assisted by extending the date upon which an accusation has to be filed after an ISO has been issued. In addition, the Board has requested ISOs (and other types of suspensions/restrictions) be utilized when possible to protect the public, and it has been made a priority.
20	Enforcement	C	Use of MBC's Authority to cite and fine physicians who fail to produce records within 15 days.	The MBC should inform the Committee of its use of cite and fine authority under BPC § 2225. How many citations have been issued? What are the fine amounts that have been assessed? How has this authority worked to obtain compliance with the 15 day record production requirement?	The Board provided a response on this issue in the Sunset Response dated April 8, 2013. No further action is necessary.
21	Enforcement	B	Require Coroner Reporting of Prescription Drug Overdose Cases to the MBC.	Statutory changes should be made to require a coroner to file a report with the MBC and any other relevant health care boards when the coroner receives information that is based on findings by, or documented and approved by a pathologist that indicates that a death may be the result of prescription drug use. MBC should also inform all coroners in the state about any statutory changes to the coroner reporting requirements.	SB 62, (2013, Lieu) requiring certain reporting from coroners was introduced, however, it was vetoed. As an alternative, the Board has developed a data use agreement to obtain death certificate information from the California Department of Public Health and is opening complaints/investigations as necessary.

Issue No.	Topic	Bd/ Comm.	Issue	Recommendation	Action Needed/Completed
22	Enforcement	B	Controlled Substance Utilization Review and Evaluation System (CURES) and California Prescription Drug Monitoring Program (PDMP) Funding.	The MBC should advise the Committee whether CURES is currently working for its investigatory and regulatory purposes. Does MBC query CURES as a tool in its investigations? Should it do so? MBC should provide an update on its usage by the Board, and how it can be improved. Does the MBC recommend that consideration should be given to using licensing fees of various health related boards to adequately funding CURES in the future and the these licensing boards have primary responsibility for any actions to be taken against its licensees?	The Board provided a response on this issue in the Sunset Response dated April 8, 2013. In addition, SB 809, (2013, DeSaulnier) was enacted. Controlled substances: reporting.
23	Enforcement	B	Exclude medical malpractice reports from requirements of a medical expert review by the MBC.	Legislation should be enacted to exclude medical malpractice reports from the requirements of a medical expert review under BPC § 2220.08.	Enacted SB 304, (2013) Lieu. Healing arts: boards.
24	Enforcement	B	Require medical facilities to produce medical records within 15 days.	BPC § 2225.5 (b) should be amended to require a facility to produce medical records within 15 days, if the facility has implemented Electronic Health Records (EHR).	Enacted SB 304, (2013) Lieu. Healing arts: boards.
25	Enforcement	B	Consider requiring the Department of Public Health and hospital accrediting agencies to send reportable peer review incidents found during an inspection of the facility.	The MBC should further discuss with the Committee the proposal, and consideration should be given to amending the law to require CDPH and hospital accrediting agencies to send reportable peer review incidents found during an inspection of the facility to the MBC; and to further require that these entities notify the Board if a hospital is not performing peer review.	The Board submitted statutory language to the Committee to require CDPH and hospital accrediting agencies to send these incidents to the Board. However, legislation has not been authored regarding this issue. No further action is needed by the Board.
26	Enforcement	B	Require that Expert Reviewer Reports be provided to the MBC in a timely fashion.	Consideration should be given to amending BPC § 2334 to: (1) require a respondent to provide the full expert witness report; (2) clarify the timeframes for providing the reports, such as 90 days from the filing of an accusation.	This amendment was in the April 13, 2013 version of SB 304, however, it was removed from the bill on August 12, 2013.
27	Other Allied Health	B	Licensed Midwives: Physician Supervision.	The MBC should reach a consensus with stakeholders on this important issue and then submit a specific legislative proposal to the Committee regarding the appropriate level of supervision required for the practice of midwifery.	Enacted AB 1308, (2013) Bonilla. Midwifery.
28	Other Allied Health	B	Allow Licensed Midwives to have Lab Accounts and obtain Medical Supplies.	Legislation should be enacted to clarify that a licensed midwife may order laboratory tests, and obtain medical supplies. The MBC should submit a specific legislative proposal to the Committee regarding this recommendation.	Enacted AB 1308, (2013) Bonilla. Midwifery.
29	Other Allied Health	B	Clarify Midwifery education and clinical training.	Recommend legislation should be enacted to clarify when an individual is considered a bona fide student, and to clarify that a written agreement does not meet the requirement of a program of supervised clinical training. The MBC should submit a specific legislative proposal to the Committee regarding this recommendation.	Enacted SB 304, (2013) Lieu. Healing arts: boards.
30	Other Allied Health	B	Clarify the role of a Midwife Assistant.	The MBC should provide more information regarding the proposal to address the issue of midwife assistants in legislation.	Enacted SB 408, (2015) Morrell. Midwife assistants.

Issue No.	Topic	Bd/Comm.	Issue	Recommendation	Action Needed/Completed
31	Licensing	C	SB 122 implementation for Out-of-State Licensed Physicians.	The MBC should advise the Committee of its implementation of SB 122. How many licenses have been issued under the new provisions? How does the MBC propose to handle those cases of physicians who have a mixed combination of medical education, having received part of their education at an unapproved medical school, and part at a disapproved medical school? Does the MBC anticipate that regulations could authorize a physician with a mixed combination of education to become licensed under the 10 year requirement? Does the MBC think that further legislation is needed to clarify such cases?	The Board provided a response on the implementation and data on this issue in the Sunset Response dated April 8, 2013.
32	Enforcement	C	Continued Utilization by the MBC of Vertical Enforcement Prosecution (VE).	Recommend continuing the VE program, and explore further ways to improve the collaborative relationship between investigators and prosecutors to improve the effectiveness of the MBC enforcement program.	Enacted SB 304, (2013) Lieu. Healing arts: boards.
33	Enforcement	B	Should the MBC's authority to issue a cease practice order be expanded to situations where in the course of a fitness to practice investigation a licensee refuses to undergo a duly ordered physical or mental health examination?	Recommend amendments to the MBC's authority to issue a cease practice order to expand to situations where in the course of a fitness to practice investigation a licensee refuses to undergo a duly ordered physical or mental health examination.	This amendment was in the April 13, 2013 version of SB 304, however, it was removed from the bill on August 12, 2013.
34	Licensing	C	Should the exemption for accredited outpatient settings to obtain a fictitious permit be removed?	In order for the public to get accurate information on outpatient settings that do business under a fictitious name, BPC § 2285 (c) should be amended to delete the exemption for outpatient settings that are accredited.	The Board discussed this issue with Committee staff, however, no legislation was carried regarding this issue. In addition, the Board is unsure if the change will obtain the desired result. To date this issue has not been brought forward to the Board by Committee staff.
35	Technology	C	What is the status of BReEZe implementation by the MBC?	The MBC should update the Committee about the current status of its implementation of BReEZe. What have been the challenges to implementing this new system? What are the costs of implementing this system? Is the cost of BReEZe consistent with what the MBC was told the project would cost? Will BReEZe interact with the AG's information technology to allow seamless and usable data to be transferred between the MBC and the DOJ?	The Board provided a response on this issue in the Sunset Response dated April 8, 2013.
36	Public Information	B	The limited ten year posting requirement for the MBC's Website should be removed.	Recommend that in the interest of transparency and disclosure of information to the public, BPC § 2027 should be amended to remove the 10 year limit on how long information should be posted on the MBC's Internet Website.	Enacted by AB 1886, Eggman (2014). Medical Board of California.
37	Other Allied Health	B	Registered Dispensing Optician Program: Should the RDO Program be Transferred to Another State Agency?	Recommend the MBC to initiate discussions with the Department of Consumer Affairs, the State Board of Optometry, stakeholders from each of the interested professional groups, and interested consumer representatives to discuss the potential need, usefulness, or problems with transferring regulation of the RDO Program from the MBC to another board or program. The MBC should report its findings and recommendations back to the Committee by July 1, 2014.	Enacted AB 684, Alejo. (2015) State Board of Optometry: optometrists: nonresident contact lens sellers: registered dispensing opticians. Transferred the program to the Board of Optometry.

Issue No.	Topic	Bd/Comm.	Issue	Recommendation	Action Needed/Completed
38	Other Allied Health	C	Consolidate the licensing and regulation of osteopathic physicians and surgeons under the MBC.	The MBC should discuss with the Committee the possibility of consolidating the OMBC into the MBC to provide a single regulatory authority over all physicians and surgeons in California.	The Board has not discussed this issue nor has Committee staff reached out to the Board. Board staff will reach out to Committee staff.
39	Regulation of Board	C	Should the licensing and regulation of physicians and surgeons be continued and be regulated by the current Board membership?	Recommend that the licensing and regulation of physicians and surgeons and allied health professions continue to be regulated by the current board members of the Medical Board of California in order to protect the interests of the public and be reviewed once again in four years.	Enacted SB 304, (2013) Lieu. Healing arts: boards.